DOCUMENT RESUME

ED 275 977 CG 019 509

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TITLE Coping Resources of College Students.
PUB DATE 10 Apr 86
NOTE 8p.; Paper presented at the Annual Meeting of the American College Personnel Association (New Orleans, LA, April 9-12, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *College Students; *Coping; *Counseling Services; Higher Education; *Individual Differences; *School Counseling; Sex Differences; *Stress Management
IDENTIFIERS *Coping Resources Inventory

ABSTRACT

Coping resources are what people bring to situations (as opposed to what they do) that enable them to deal with stressors more effectively, allow them to recover faster, or experience fewer or less intense symptoms upon exposure to stressors. The Coping Resources Inventory (CRI) measures resources in the following domains: cognitive, social, emotional, spiritual/philosophical, and physical. The CRI was completed by 126 female and 48 male college students who also rated their level of stress and physical health. Results included: (1) the low stress group students had significantly higher resources than did the high stress group; (2) female subjects had signficantly higher resource scores on the social, emotional, and spiritual scales than did males; (3) counseling center clients had significantly lower cognitive and emotional scale resources than did non-clients; (4) eating disorder clients had significantly lower scores than did non-clients on physical and emotional scales; and (5) resident advisors had significantly higher scores on the social and spiritual scales than did other college students. The CRI could be useful in identifying college counseling center clients at-risk for developing physical or psychological symptoms. Students with high resources could be trained to tutor students low in resources. Identifying resources could also be useful in planning prevention activities with groups. (ABL)

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Coping Resources of College Students

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CG 019509

Presented at the
American College Personnel Association Convention
New Orleans
April 10, 1986

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Introduction

The purpose of my presentation is to describe briefly our research on the coping resources of college students. The data presented here are part of a larger project designed to develop and validate a measure of coping resources. The manuscript describing the larger project is available upon request.

Definition of Resources

Coping resources are what people bring to situations that enable them to deal with stressors more effectively, allow them to recover faster, or experience fewer or less intense symptoms upon exposure to stressors. Coping resources, in effect, act to immunize the individual against the physical and psychological symptoms that result from stress. A person with high coping resources would be less vulnerable to stress, or, to use Kobasa's term, such a person would be more "hardy."

Coping resources need to be distinguished from coping strategies. Strategies are the things that people <u>do</u> in reaction to a specific stressor and therefore occur after the appearance of the stressor. Resources, on the other hand, act as "precursors" or background factors. They are

more what people are than what they do. However, through prolonged successful use, a strategy can become a resource.

Measurement of Resources

The Coping Resources Inventory (CRI) was developed over a period of years to measure resources in the following domains: cognitive, social, emotional, spiritual/ philosophical, and physical. The cognitive domain taps a person's positive appraisals of self and others. Social resources refer to the availability of social supports in the person's life. The emotional domain encompasses both acceptance and expression of affect. The spiritual/ philosophical domain addresses the degree to which an individual's actions are guided by stable and consistent values. The physical domain focuses on health promoting behaviors.

The CRI also yields a Total resource score, which is the sum of the five scale scores. To date, the CRI has been normed on about 1000 people, from adolescents to older adults.

The instrument consists of sixty items. The internal consistency reliability estimates for the sample of college students ranged from alpha = .77 for the Physical scale to alpha = .84 for the Emotional scale. The alpha for the Total score was .92.

Subjects

Subjects completing the CRI were 179 college students from two midwestern universities. There were 126 females (72%) and 48 males (28%) in the sample.

Measures

In addition to the CRI, students were asked to rate their level of stress and their perceived level of physical health, on separate ten point scales. Median splits were performed on these items to create groups labeled high vs. low stress, and healthy vs. ill, respectively.

Results

Multivariate analyses of variance were performed to examine the coping resources of various subgroups within the total sample. The results are as follows:

1. Students in the low stress group had significantly higher resources on all scales than did the high stress group.
2. Students who reported themselves as healthy had significantly greater resource scores on all scales than did the ill group.
3. Those students who experienced high levels of stress and described themselves as healthy had significantly higher levels of resources than did the high stress, ill group.

4. Compared to a group of non-client college students, a group of counseling center clients had significantly lower resources on the Cognitive and Emotional scales. The differences approached significance on the Spiritual and Social scales. The clients also had significantly lower Total resource scores than the non-clients. The lowest score ever recorded on the CRI, over three standard deviations below the mean, was by a suicidal male college student.

5. A group of eating disorder clients had significantly lower scores on the Physical and Emotional scales than did a comparison group of female college students who were not clients.

6. Resident advisors, a group predicted to have high resources due to both selection and training, had significantly higher scores on the Social and Spiritual scales than did other college students.

7. Consistent with other studies of coping, female college students had significantly higher resource scores on the Social, Emotional, and Spiritual scales that did the males.

8. Cohort differences were also examined. College students had higher resource scores on all scales except the Physical scale when compared to adolescents. They had higher scores on the Social scale than did the group of adults.

Implications

Knowledge of coping resources may be useful both in clinical and prevention activities. Although needing further research, the CRI may be valuable for both assessment and treatment planning. It is currently being employed for these purposes by the Cardiovascular Fitness and Rehabilitation Unit at Saint Louis University Medical Center. In college counseling centers, the ability to assess resources could prove very useful in identifying clients who are at-risk for developing physical or psychological symptoms and for helping such clients bolster areas where resources are low. Knowledge of resources may also be used to help students identify strengths or assets that can be used in times of stress or in a preventive way.

A prevention strategy that suggests itself is to identify a group of students with high resources and train them to act as supports (or perhaps even tutors) for students low in resources.

Identifying resources may also be useful in planning prevention activities with groups. For example, the CRI was used as a pre-workshop assessment tool to construct a profile of a group's coping resource. Rather than present a generic stress workshop, the workshop was designed to focus on the group's low resources. This proved to be a very effective strategy.

To conclude, I believe that it is very important that we expend our own resources as professionals on efforts to assess and identify our clients strengths and resources as well as their deficits.